

Please type a plus sign (+) inside this box ☐

PTO/SB/50 (06-03)

Approved for use through 01/31/2004. OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		Attorney Docket No. 08CL6929-4
		First Named Inventor Niles R. Rosenquist
		Original Patent Number 5,367,044
		Original Patent Issue Date (Month/Day/Year) 11/22/1994
		Express Mail Label No. EL988083174US


APPLICATION FOR REISSUE OF: ☒ **Utility Patent** ☐ **Design Patent** ☐ **Plant Patent**
(Check applicable)

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input checked="" type="checkbox"/> Original Patent Grant <input checked="" type="checkbox"/> Ribbioned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
4. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. 1.175) (PTO/SB/51 or 52)	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
6. <input checked="" type="checkbox"/> Power of Attorney	15. <input checked="" type="checkbox"/> Preliminary Amendment
7. <input checked="" type="checkbox"/> Original U.S. Patent currently <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	17. Other: _____
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)	
a. <input type="checkbox"/> Computer Readable Form (CFR)	
b. Specification Sequence Listing on: i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper	
c. <input type="checkbox"/> Statements verifying identity of above copies	

18. CORRESPONDENCE ADDRESS

☒ **Customer Number:** **23413** **OR** ☐ **Correspondence address below**

Name			
Address			
City	State	Zip Code	Fax
Country	Telephone		

NAME (Print/Type)	Peter R. Hagerty	Registration No. (Attorney/Agent)	42,618
Signature		Date	9/03/03

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

10/655551
09/03/03

16179 U.S. PAT. 09/03/03

PTO/SB/56 (06-03)

Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number 08CL6929-4		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 4	Total Claims (37 CFR 1.16(j))	(B) 5	**** =	x \$ 9 =	\$0	or	x \$ 18 = \$0	
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 1	* =	x \$ 42 =	\$0		x \$ 84 = \$0	
Basic Fee (37 CFR					\$375		\$750	
Total Filing Fee					\$375		\$750	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x \$ 9 =	\$0	x \$ 18 = \$0	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ 42 =	\$0	x \$ 84 = \$0	
Total Additional Fee					\$0	OR	\$0	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.

☒ Please charge Deposit Account No. 07-0862 in the amount of \$750.
A duplicate copy of this sheet is _____.

☒ The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 07-0862.
A duplicate copy of this sheet is enclosed.

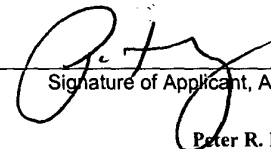
☐ A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

9-03-03
Date

42,618
Registration Number, if applicable



Signature of Applicant, Attorney or Agent of Record

Peter R. Hagerty
Typed or printed name

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

✓RES

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)			Docket No. 08CL6929-4
Applicant(s): Rosenquist			
Serial No. Pat. N . 5,367,044	Filing Date Issue Date 11/22/1994	Examiner	Group Art Unit
Invention: BLOW MOLDED ARTICLE MOLDED FROM A COMPOSITION COMPRISING A RANDOMLY BRANCHED AROMATIC POLYMER			
<p>I hereby certify that the following correspondence:</p> <div style="border: 1px solid black; padding: 5px;"><p>Reissue Patent Application Transmittal (1 pg); Reissue Application Fee Transmittal Form (1 pg); Specification and Claims in double column copy of patent format (3 pgs); Reissue Application Declaration by the Assignee (2 pgs); Associate Power of Attorney (1 pg); Reissue Application: Consent of Assignee; Statement of Non-Assignment (1 pg); Statement Under 37 CFR 3.73 (b) (1 pg); Preliminary Amendment (3 pgs); Ribboned Original Patent Grant</p><p style="text-align: center;"><i>(Identify type of correspondence)</i></p></div> <p>is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on</p> <p style="text-align: center;"><u>September 3, 2003</u> <i>(Date)</i></p> <div style="text-align: center;"><p>Rebecca L. Blake <i>(Typed or Printed Name of Person Mailing Correspondence)</i></p><p> <i>(Signature of Person Mailing Correspondence)</i></p><p>EL988083174US <i>("Express Mail" Mailing Label Number)</i></p></div>			
<p>Note: Each paper must have its own certificate of mailing.</p>			